STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the investigation of complaint #IN00085677 and IN00084774.

Complaint #IN00085677
Substantiated, Federal/State Deficiencies related to the Allegations are cited at F282 and F333.

Complaint #IN00084774
Substantiated, Federal/State Deficiencies related to the Allegations are cited at F282 and F333.

Survey Dates: February 3, 4, 2011

Facility Number: 004945
Provider Number: 155756
AIM Number: 200814400

Survey Team:
Julie Wagoner, RN TC
Tim Long, RN
Angie Strass, RN

add req. 3/3/11 BM

Census Bed Type:
SNF: 37
SNF/NF: 107
TOTAL: 144

Census Payor Type:
Medicare: 40
Medicaid: 72
Other: 32
Total: 144

app 3/10/11 BM

Sample: 09

These Deficiencies also reflect state findings in accordance with 410 IAC 16.2.

RECEIVED

MAR - 1 2011

LONG TERM CARE DIVISION
INDIANA STATE DEPARTMENT OF HEALTH

ORIGINAL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 2-25-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 Quality review completed 2-9-11 Cathy Emswiller RN	F 000		
F 282 SS=G	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to follow physician orders for medications after being discharged from the hospital for 3 residents (B, D, and F) in a sample of 9 records reviewed. Two of the three residents were readmitted to the hospital. (Resident B and D) Findings include: 1. On 2/3/11 at 1:30 p.m. review of the clinical record for resident (F) indicated she was admitted to the facility on 11/30/10 with diagnoses including but not limited to Left Hip Nailing, Congestive Heart Failure, Hypertension, and Coronary Artery Disease. Medication Orders sent from the hospital on 11/30/10, and listed under "Active Reported Home Medications-Last Verified 11/30/2010 " indicated the resident was to receive Lasix (a diuretic medication) 40 milligrams daily. Hold if systolic blood pressure less than 110. Review of the "Handwritten Progress Notes" from the hospital dated 11/30/10 indicated "Reviewed Meds, Parameter for lasix given for systolic blood pressure."	F 282	The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Post Survey Review on or after **03-06-11.** **F282 Services by Qualified Persons/Per Care Plan** It is the practice of this provider to provide services by qualified persons in accordance with each resident's plan of care. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** • The licensed nursing staff has been re-educated on transcribing admission and re-admission physician orders from the hospital. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken** • Residents requiring an admission or readmission to facility from the hospital have the potential to be	

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 2 The Medication Administration Record for December indicated the resident did not receive Lasix 40 milligrams daily on 12/1, 12/2, 12/3 and 12/4/2010. Nursing notes dated 12/5/10 at 12:00 p.m. indicated "2+ pitting edema (swelling) to left ankle 1+ non pitting edema to right foot and ankle. Alert and oriented able to make needs known. Breath sounds clear no shortness of breath noted. Nurse Practitioner called new order received and noted chem 6 (laboratory test) on Wednesday 12/8/10 Lasix 40 milligrams daily potassium 20 millequivelents daily. Ted hose on in the AM (morning) and off at HS (bedtime) Lab and daughter notified." A progress note written 12/6/10 indicated "Nursing concern with coarse breath sounds over the weekend (yesterday) nurse practitioner on call notified of pulmonary congestion (diagnosis per chest x-ray) Lasix 40 milligrams every day and KCL (potassium) 20 millequivalents daily. A physicians telephone order - (per nurse practitioner for the cardiologist) dated 12/7/10 indicated "Give lasix @ 40 milligrams per mouth daily - extra tab today & tomorrow for 80 milligrams. Decrease Coreg (heart medication) to 3.125 milligrams per mouth twice daily. Oxygen per nasal cannula @ 2 liters per minute continuous. Chest x-ray Friday. Return to clinic Friday. Lab today BMP -BNP completed in office today." Nursing notes dated 12/9/10 at 9:30 p.m. indicated "Resident complaining of shortness of breath and was coughing frequently. Said she didn't feel well. Temperature 99.8 pulse 78 respirations 23 blood pressure 120/70. Oxygen	F 282	affected by the alleged deficient practice. • Licensed Nurses will be re-educated in transcribing admission and re-admission physician orders by the Staff Development Coordinator or designee by 03-06-11. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** • Licensed Nurses will be re-educated in transcribing admission and re-admission physician orders by the Staff Development Coordinator (SDC) or designee by 03-06-11. • Admission and re-admission physician orders will be reviewed by two licensed nurses upon the admission or re-admission to ensure physician orders are transcribed accurately. • Admission and re-admission orders will be reviewed in morning meeting by using the IDT Admission/Re-admission Review Tool Monday-Friday (excluding holidays) by Nurse Management to ensure physician orders are transcribed accurately. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.**	

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 3 saturation fluctuating between 88-90%. Doctor called, new orders received to sent to emergency room for evaluation. Daughter here. Report called to emergency room. Paramedics called and transported resident to emergency room." An Emergency Room Report dated 12/9/10 indicated the resident was admitted to the hospital with diagnoses of Pneumonia, Dyspnea, Recent hip surgery and Anemia. 2. The clinical record for Resident D was reviewed on 02/03/11 at 2:00 P.M. The resident was admitted to the facility, from an acute care facility, on 01/25/11 with diagnosis, including but not limited to, cardiomyopathy, history of miocardial infarction, diabetes mellitus, impaired renal function, and mitral valve issues. The admission physician orders, faxed and sent from the acute care facility, included orders for the following medications: "Aspirin 81 mg daily, Calcium Carbonate 600 mg three times a day, Colace (a stool softener) 100 mg daily, Coreg (a blood pressure medication given for high blood pressure and to improve the left ventricular action of the heart after a myocardial infarction), Ferrous Sulfate 325 mg (an iron supplement), Imdur 90 mg daily (a cardiac medication to improve circulation and prevent blood vessel constriction and pain, Lasix 80 mg daily (a diuretic medication), Metformin 850 mg at bedtime (a oral antidiabetic medication), Nitroquick .4 mg sublingual (a medication to dilate blood vessels and relieve chest pain) no frequency given but usually given as needed for chest pain, Prilosec 1 tab daily (a medication to treat gastroesophageal reflux disease), citalopram 40 mg daily (an	F 282	• An Admission/Readmission Procedure CQI tool will be utilized weekly x 4 then monthly thereafter. • Data will be submitted to the CQI committee for review and follow-up. Non-compliance may result in disciplinary action up to and including termination. • The Director of Nursing Services (DNS) and or designee will be responsible for program compliance. Compliance date: 03-06-11	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 4 antidepressant), Levothyroxine 200 mcg daily (a medication to treat thyroid disorders), Simvastatin 40 mg at bedtime (a medication to treat high cholesterol)" The acute care center discharge form listed some of the medication orders under a "Active Reported Home Medication" list and some medications, including some but not all of the medications listed under the home medication list, under the title "Active Inpatient Medications." Both sections had "Continue or Discontinue" marked for each individual medication listed. The Active Home Medications section of the form had a black pen line drawn horizontally through the orders. The transcription of the admission medication orders for Resident D, including the Medication Administration Record, indicated only those medications listed as Active Inpatient Medication were transcribed onto the form. Thus only the following medications were transcribed and administered to Resident D: Citalopram 40 mg daily, Synthroid 200 mcg daily, Omeprazole 20 mg daily, Simvastatin 40 mg at bedtime, Calcium Carb with Vitamin D 600 mg three times a day, Aspirin 81 mg once a day, Docusate Sodium 100 mg as needed daily, and Nitrostat .4 mg sublingual every 5 minutes times 3 as needed for chest pain. The resident did not receive the Metformin, Imdur, Furosemide, Ferrous Sulfate, or the Coreg. Interview with the Director of Nursing, on 02/03/11 at 1:45 P.M. indicated the long term care facility automatically disregarded the Home Medication List orders section from the 6 pages discharge form from the acute care facility. She indicated if the physician desired to have any other medications other than those the resident	F 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 5 had received inpatient, there was a space to write the medication in at the end of the form. There was no specific time frame or person from the acute care facility that had directed the long term care facility to disregard the medication orders from the Home Medications list orders. The Director of Nursing indicated the issues with the discharge orders from this specific acute care facility started about 2 years ago and since the facility started disregarding the Home Medication order list, the need for clarification had been greatly reduced. She indicated the long term care facility had in the past had trouble trying to clarify the orders because the floor nurse's changed shifts and/or the chart was not always available on the nursing floor after the resident was discharged to the long term care facility. Interview with the acute care center's Nursing Administrative Director of Nursing, on 02/04/11 at 9:15 A.M. and phone interview with the Discharge Coordinator, on 02/04/11 at 9:15 A.M. indicated no one at the acute care center had ever instructed the long term care facilities to disregard the medication orders in the Home Medication list. The Nursing Administrative Director of Nursing indicated the discharging physician personally marked the six page form and intended all medications marked "Continue" to be administered after the resident was discharged to the long term care facilities or to their respective homes. She acknowledged the physicians were occasionally sloppy and sometimes marked the same medication with two different strengths or two medications from the same medication class in error and if the discharging nurse from the acute care facility did not "catch" the error and clarify the medications, then the long term care facility would need to "clarify" the orders. She	F 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 6 indicated there was always a nurse working around the clock in the administrative nursing office of the acute care center with access to the electronic record who could assist the long term care facility with clarifying any questionable medication orders. Review of the discharge medication orders for Resident D, written and signed by the discharging physician, on 01/25/11, indicated there was no line drawn across the Home Medication list orders. Review of the nursing progress notes, dated 01/27/10 at 10:20 P.M. indicated the resident had become short of breath, developed cool, clammy skin, elevated blood sugar of 258, oxygen saturation dropped to 89 - 94 percent on oxygen, resident had dry heaves, and blood pressure elevated to 181/100, pulse elevated at 100 beats per minute. The resident was transferred to the acute care center emergency room. Review of the physician assessment from the acute care center emergency room, dated 01/28/11 at 12:06 A.M. indicated the resident was assessed to be in congestive heart failure due to not receiving a number of her cardiomyopathy medicines for the past 3 days. The resident was noted to be having chest pain and discomfort in the emergency room The chest x-ray, obtained on 01/28/11 at 12:05 A.M. indicated the resident's Xray suggested an increase in congestive heart failure, increased from 01/22/11 with lung interstitial edema and pleural fluid. The resident's blood sugar was also noted to be elevated when she was admitted to the acute care center.	F 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 7 3. Resident B's clinical record was reviewed on 2/4/11 at 10:00 A.M.. The record indicated the resident was originally admitted to the facility on 12/23/10 for rehabilitation following an above the knee amputation (AKA) of her right leg. On 1/24/11 through 1/28/11 she was in an acute hospital for a revision of the right AKA and readmitted to the facility on 1/28/11. Review of the signed discharge physician's orders from the hospital on 1/28/11 indicated 2 separate groupings of medications: "Active Reported Home Medications-last Verified 1/27/2011 05:56" and "Active Inpatient Medications". The active reported home medications included Aspirin EC 81 mg (milligrams) oral daily and Coumadin 3 mg oral daily on Monday, Wednesday and Fridays and Coumadin 2.5 mg daily on Tuesday, Thursday, Saturday and Sunday. The active inpatient medications included Aspirin EC 81 mg oral daily. The active inpatient medications did not include Coumadin. Review of the MAR (medication administration record) for January 2011 indicated upon return from the hospital on 1/28/11, the physician ordered Aspirin 81 mg was written to be given daily, orally at 10:00 P.M.. The MAR indicated the Aspirin EC 81 mg was not given on 1/28/11, 1/29/11, 1/30/11 and 1/31/11. The Physician ordered Coumadin was not written on the MAR. An interview with the DN on 2/4/11 at 10:45 A.M. .indicated the Aspirin 81 mg was not started due to pre-hospitalization on 1/24/11 the resident was on Coumadin but not Aspirin. The DN indicated the nurse practitioner ordered a lab test, a	F 282		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	Continued From page 8 PT-INR on 1/29/11 due to Coumadin therapy and anemia. The DN stated she assumed that meant to not give Aspirin or Coumadin until the PT-INR results were completed. The PT-INR results were completed on 1/29/11 and the Nurse Practitioner was notified and no new orders were received. On 1/31/11 the physician ordered "no Coumadin". No new orders were written for the Aspirin. Aspirin EC 81 mg was started on 2/1/11. This federal tag relates to complaint #IN00085677 3.1-35(g)(2)	F 282		
F 333 SS=G	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure significant medication errors were not made and medications were administered as ordered for 3 residents (B, D, and F) in a sample of 9 records reviewed. Two of the three residents were readmitted to the hospital. (Resident B and D) Findings include: 1. On 2/3/11 at 1:30 p.m., review of the clinical record for resident (F) indicated she was admitted to the facility on 11/30/10 with diagnoses including but not limited to Left Hip Nailing,	F 333	**F333 Residents free of significant med errors** It is the practice of this provider to ensure that residents are free of any significant medication errors. **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.** • Licensed nursing staff has been re-education on transcribing admission and re-admission physician orders and to administer medications as ordered by the physician. **How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 9 Congestive Heart Failure, Hypertension, and Coronary Artery Disease. The Medication Orders sent from the hospital on 11/30/10, and listed under "Active Reported Home Medications-Last Verified 11/30/2010 " indicated the resident was to receive Lasix (a diuretic medication) 40 milligrams daily. Hold if systolic blood pressure less than 110. Review of the "Handwritten Progress Notes" from the hospital dated 11/30/10 indicated "Reviewed Meds, Parameter for lasix given for systolic blood pressure." Review of the Medication Administration Record for December indicated the resident did not receive Lasix 40 milligrams daily on 12/01/10, 12/02/10, 12/03/10, and 12/4/10. Nursing notes, dated 12/5/10 at 12:00 p.m., indicated "2+ pitting edema (swelling) to left ankle 1+ non pitting edema to right foot and ankle. Alert and oriented able to make needs known. Breath sounds clear no shortness of breath noted. Nurse Practitioner called new order received and noted chem 6 (laboratory test) on Wednesday 12/8/10 Lasix 40 milligrams daily potassium 20 millequivelents daily. Ted hose on in the AM (morning) and off at HS (bedtime) Lab and daughter notified." A progress note written on 12/6/10 indicated "Nursing concern with coarse breath sounds over the weekend (yesterday) nurse practitioner on call notified of pulmonary congestion (diagnosis per chest x-ray) Lasix 40 milligrams every day and KCL (potassium) 20 millequivalents daily." A physicians telephone order - (per nurse practitioner for the cardiologist), dated 12/7/10 indicated "Give lasix @ 40 milligrams per mouth	F 333	• Residents requiring an admission or readmission to facility from the hospital have the potential to be affected by the alleged deficient practice. • Licensed Nurses will be re-educated in transcribing admission/ re-admission physician orders and to administer medications as ordered by the physician by the Staff Development Coordinator (SDC) or designee by 03-06-11. **What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur** • Licensed Nurses will be re-educated in transcribing admission and re-admission physician orders and to administer medication as ordered by the physician by the Staff Development Coordinator (SDC) or designee by 03-06-11. • Admission and re-admission physician orders will be reviewed by two licensed nurses upon the admission or re-admission to ensure physician orders are transcribed accurately. • Admission and re-admission orders will be reviewed in morning meeting using the IDT Admission/Re-admission Review Tool Monday-Friday (excluding holidays) by Nurse	

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 10 daily - extra tab today & tomorrow for 80 milligrams. Decrease Coreg (heart medication) to 3.125 milligrams per mouth twice daily. Oxygen per nasal cannula @ 2 liters per minute continuous. Chest x-ray Friday. Return to clinic Friday. Lab today BMP -BNP completed in office today." Nursing notes dated 12/9/10 at 9:30 p.m. indicated "Resident complaining of shortness of breath and was coughing frequently. Said she didn't feel well. Temperature 99.8 pulse 78 respirations 23 blood pressure 120/70. Oxygen saturation fluctuating between 88-90%. Doctor called, new orders received to sent to emergency room for evaluation. Daughter here. Report called to emergency room. Paramedics called and transported resident to emergency room." The Emergency Room Report dated 12/9/10 indicated the resident was admitted to the hospital with diagnoses of Pneumonia, Dyspnea, Recent hip surgery and Anemia 2. The clinical record for Resident D was reviewed on 02/03/11 at 2:00 P.M. The resident was admitted to the facility, from an acute care facility, on 01/25/11 with diagnosis, including but not limited to, cardiomyopathy, history of miocardial infarction, diabetes mellitus, impaired renal function, and mitral valve issues. The admission physician orders, faxed and sent from the acute care facility, included orders for the following medications: "Aspirin 81 mg daily, Calcium Carbonate 600 mg three times a day, Colace (a stool softener) 100 mg daily, Coreg (a blood pressure medication given for high blood pressure and to improve the left ventricular action	F 333	Management to ensure physician orders are transcribed accurately. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place** • A Medication Errors CQI tool will be utilized weekly x 4 then monthly thereafter. • Data will be submitted to the CQI committee for review and follow-up. Non-compliance may result in disciplinary action up to and including termination. • The Director of Nursing Services (DNS) and or designee will be responsible for program compliance. Compliance date: 03-06-11.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 11 of the heart after a myocardial infarction), Ferrous Sulfate 325 mg (an iron supplement), Imdur 90 mg daily (a cardiac medication to improve circulation and prevent blood vessel constriction and pain, Lasix 80 mg daily (a diuretic medication), Metformin 850 mg at bedtime (a oral antidiabetic medication), Nitroquick .4 mg sublingual (a medication to dilate blood vessels and relieve chest pain) no frequency given but usually given as needed for chest pain, Prilosec 1 tab daily (a medication to treat gastroesophageal reflux disease), citalopram 40 mg daily (an antidepressant), Levothyroxine 200 mcg daily (a medication to treat thyroid disorders), Simvastatin 40 mg at bedtime (a medication to treat high cholesterol)" The acute care center discharge form listed some of the medication orders under a "Active Reported Home Medication" list and some medications, including some but not all of the medications listed under the home medication list, under the title "Active Inpatient Medications." Both sections had "Continue or Discontinue" marked for each individual medication listed. The Active Home Medications section of the form had a black pen line drawn horizontally through the orders. The transcription of the admission medication orders for Resident D, including the Medication Administration Record, indicated only those medications listed as Active Inpatient Medication were transcribed onto the form. Thus only the following medications were transcribed and administered to Resident D: Citalopram 40 mg daily, Synthroid 200 mcg daily, Omeprazole 20 mg daily, Simvastatin 40 mg at bedtime, Calcium Carb with Vitamin D 600 mg three times a day, Aspirin 81 mg once a day, Docusate Sodium 100 mg as needed daily, and Nitrostat .4 mg	F 333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 12 sublingual every 5 minutes times 3 as needed for chest pain. The resident did not receive the Metformin, Imdur, Furosemide, Ferrous Sulfate, or the Coreg. Interview with the Director of Nursing, on 02/03/11 at 1:45 P.M. indicated the long term care facility automatically disregarded the Home Medication List orders section from the 6 pages discharge form from the acute care facility. She indicated if the physician desired to have any other medications other than those the resident had received inpatient, there was a space to write the medication in at the end of the form. There was no specific time frame or person from the acute care facility that had directed the long term care facility to disregard the medication orders from the Home Medications list orders. The Director of Nursing indicated the issues with the discharge orders from this specific acute care facility started about 2 years ago and since the facility started disregarding the Home Medication order list, the need for clarification had been greatly reduced. She indicated the long term care facility had in the past had trouble trying to clarify the orders because the floor nurse's changed shifts and/or the chart was not always available on the nursing floor after the resident was discharged to the long term care facility. Interview with the acute care center's Nursing Administrative Director of Nursing, on 02/04/11 at 9:15 A.M. and phone interview with the Discharge Coordinator, on 02/04/11 at 9:15 A.M. indicated no one at the acute care center had ever instructed the long term care facilities to disregard the medication orders in the Home Medication list. The Nursing Administrative Director of Nursing indicated the discharging physician	F 333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 13 personally marked the six page form and intended all medications marked "Continue" to be administered after the resident was discharged to the long term care facilities or to their respective homes. She acknowledged the physicians were occasionally sloppy and sometimes marked the same medication with two different strengths or two medications from the same medication class in error and if the discharging nurse from the acute care facility did not "catch" the error and clarify the medications, then the long term care facility would need to "clarify" the orders. She indicated there was always a nurse working around the clock in the administrative nursing office of the acute care center with access to the electronic record who could assist the long term care facility with clarifying any questionable medication orders. Review of the discharge medication orders for Resident D, written and signed by the discharging physician, on 01/25/11, indicated there was no line drawn across the Home Medication list orders. Review of the nursing progress notes, dated 01/27/10 at 10:20 P.M. indicated the resident had become short of breath, developed cool, clammy skin, elevated blood sugar of 258, oxygen saturation dropped to 89 - 94 percent on oxygen, resident had dry heaves, and blood pressure elevated to 181/100, pulse elevated at 100 beats per minute. The resident was transferred to the acute care center emergency room. The physician assessment from the acute care center emergency room, dated 01/28/11 at 12:06 A.M. indicated the resident was assessed to be in congestive heart failure due to not receiving a number of her cardiomyopathy medicines for the past 3 days. The resident was noted to be having	F 333		

ORIGINAL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 14 chest pain and discomfort in the emergency room The chest x-ray, obtained on 01/28/11 at 12:05 A.M. indicated the resident's Xray suggested an increase in congestive heart failure, increased from 01/22/11 with lung interstitial edema and pleural fluid. The resident's blood sugar was also noted to be elevated when she was admitted to the acute care center. 3. Resident B's clinical record was reviewed on 2/4/11 at 10:00 A.M.. The record indicated the resident was originally admitted to the facility on 12/23/10 for rehabilitation following an above the knee amputation (AKA) of her right leg. On 1/24/11 through 1/28/11 she was in an acute hospital for a revision of the right AKA and readmitted to the facility on 1/28/11. The signed discharge physician's orders from the hospital on 1/28/11 indicated 2 separate groupings of medications: "Active Reported Home Medications-last Verified 1/27/2011 05:56" and "Active Inpatient Medications". The active reported home medications included Aspirin EC 81 mg (milligrams) oral daily and Coumadin 3 mg oral daily on Monday, Wednesday and Fridays and Coumadin 2.5 mg daily on Tuesday, Thursday, Saturday and Sunday. The active inpatient medications included Aspirin EC 81 mg oral daily. The active inpatient medications did not include Coumadin. The MAR (medication administration record) for January 2011 indicated upon return from the hospital on 1/28/11, the physician ordered Aspirin 81 mg was written to be given daily, orally at 10:00 P.M.. The MAR indicated the Aspirin EC 81 mg was not given on 1/28/11, 1/29/11, 1/30/11	F 333		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155756	A. BUILDING _____ B. WING _____	C 02/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENTRY MEADOWS	7843 W JEFFERSON BLVD FORT WAYNE, IN 46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 333	Continued From page 15 and 1/31/11. The Physician ordered Coumadin was not written on the MAR. An interview with the DN on 2/4/11 at 10:45 A.M. .indicated the Aspirin 81 mg was not started due to pre-hospitalization on 1/24/11 the resident was on Coumadin but not Aspirin. The DN indicated the nurse practitioner ordered a lab test, a PT-INR on 1/29/11 due to Coumadin therapy and anemia. The DN stated she assumed that meant to not give Aspirin or Coumadin until the PT-INR results were completed. The PT-INR results were completed on 1/29/11 and the Nurse Practitioner was notified and no new orders were received. On 1/31/11 the physician ordered "no Coumadin". No new orders were written for the Aspirin. Aspirin EC 81 mg was started on 2/1/11. This federal tag relates to complaint #IN00085677 3.1-25(b)(9) 3.1-48(c)(2)	F 333		

ORIGINAL